

E-Teacher Scholarship Program 2014-2015

APPLICATION /AGREEMENT

U. S. Embassy –Public Affairs Section

E-mail: yourname@state.gov

Tel.: (XXX) XXX XXXX

Please submit the completed request form to the addresses above.

In the **subject line please indicate the name of the program
“E-Teacher Scholarship Program 2014-15” and your last name**

1. COURSE CHOICE:

2. CONTACT INFORMATION

FIRST NAME:

LAST NAME:

TITLE/POSITION:

INSTITUTION NAME:

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

CELL PHONE NUMBER (s):

MAILING ADDRESS:

POSTAL INDEX:

3. REASONS FOR YOUR PARTICIPATION

Briefly explain why participation in the course is important for you and how and where you are going to share the gained knowledge. Please give **specific examples** as to why this particular topic is relevant to your teaching. Please indicate your level of English, the number of years you have taught, and the age group of your students.

4. Please respond to the following questions by circling YES or NO for the statements below:

- I have regular and reliable access to high-speed Internet connection. YES / NO
- I have good English language reading and writing skills. YES / NO
- I have good typing skills. YES / NO
- I commit to spending 8 to 10 hours a week on-line to participate in the course. YES / NO
- I commit to sharing the gained knowledge through making presentations in my region or / and at US Embassy initiated events in other regions of my country. YES / NO

I understand that by completing this form I agree to begin and complete the E Teacher course. Not completing the program may prevent me from being eligible for any other State Department sponsored programs.

Your name and signature:

Your supervisor's name, signature and stamp: